

Case Number:	CM15-0166331		
Date Assigned:	09/04/2015	Date of Injury:	04/25/2000
Decision Date:	10/09/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 67-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 25, 2000. On a Utilization Review report dated July 20, 2015, the claims administrator partially approved a request for Percocet and Lyrica. The claims administrator referenced July 24, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On April 20, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, 5/10 with medications versus 10/10 without medications. The applicant was off of work and had been deemed "disabled," the treating provider acknowledged. The applicant stated that "everything" worsens his pain complaints. The applicant was on Lyrica, Norco, Desyrel, and Zestril, it was reported. Norco was stopped on the grounds that it is making the applicant sick. Percocet and Lyrica were endorsed on this date. The applicant was asked to pursue an epidural steroid injection. On July 24, 2015, it was again noted that the applicant was "disabled". The claimant stated that "everything" made his pain complaints worse. The applicant's medications list included Desyrel, Zestril, Percocet, and Lyrica, several of which were renewed and/or continued. In another section of the note, 6/10 pain complaints were noted. The applicant's BMI is 31. Percocet and Lyrica were renewed while the applicant was seemingly kept off of work. The applicant acknowledged that activities of daily living such as climbing stairs and walking remain problematic, despite ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Percocet 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Percocet, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant remained off of work and had been deemed "disabled", it was reported on multiple dates, including on July 21, 2015. Activities as basic as climbing stairs and walking remain problematic, the treating provider reported on that date. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medications consumption, these reports were, however, outweighed by the applicant's seemingly failure to return to work and the attending provider's failure to outline any meaningful, material and/or substantive improvements in function (if any) effected as a result of ongoing opioid usage, including ongoing Percocet usage. Therefore, the request is not medically necessary.

Lyrica 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Pregabalin (Lyrica).

Decision rationale: Similarly, the request for Lyrica (pregabalin) an anticonvulsant and adjuvant medication, is likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is FDA approved in the treatment of diabetic neuropathic pain and/or pain associated with postherpetic neuralgia and, by analogy, and neuropathic pain complaints in general, as with the applicant's ongoing lumbar radicular pain complaints, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work as reported on July 21, 2015. Ongoing usage of Lyrica failed to curtail the applicant's dependence on opioid agents such as Percocet. The applicant continued to report difficulty performing activities of daily living as basic as climbing stairs and walking, it was acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

